

Cambridge Family YMCA  
820 Massachusetts Avenue  
Cambridge, MA 02139

Employment Application

Name: \_\_\_\_\_  
First Middle Initial Last

Other names of which you have worked or attended school: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Desired: \_\_\_\_\_ How were you referred? \_\_\_\_\_

Are you under 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Date able to start: \_\_\_\_\_ Have you previously worked or applied for a job here? \_\_\_\_\_ When? \_\_\_\_\_

Military Service: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
Training or type of work done in military: \_\_\_\_\_

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, are you a permanent resident of the U.S. or otherwise authorized to work by the U.S. Immigration and Naturalization Service? \_\_\_\_\_ (All persons hired will be required to provide documented proof of identity and work eligibility.)

EDUCATION

<u>DATES ATTENDED</u>		<u>NAME OF SCHOOL</u>	<u>CITY/STATE</u>	<u>COURSE</u>	<u>DEGREE</u>
From	To	High School _____	_____	_____	_____
_____	_____	College _____	_____	_____	_____
_____	_____	Other Courses/Schooling _____	_____	_____	_____

Please describe any job-related skills or training not mentioned above: \_\_\_\_\_

## WORK HISTORY

List present or most recent job first. You may include in your work history any work performed on a volunteer basis. If more space is needed, use a separate sheet and attach it to this application.

<u>DATES</u>		<u>COMPANY NAME</u> <u>&amp; ADDRESS</u>	<u>JOB TITLE</u> <u>OR DUTIES</u>	<u>WEEKLY</u> <u>PAY</u>	<u>REASON FOR</u> <u>LEAVING</u>
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have current First Aid Certification? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when does it expire? \_\_\_\_\_

Do you have current CPR Certification? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when does it expire? \_\_\_\_\_

Please list other information (i.e. special skills or training which you feel helpful in the assessment of your application): \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:**

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information may result in the rejection of this application or my discharge if it is discovered after employment begins. I authorize the Cambridge Family YMCA to make inquiries regarding my history and character of prior employers, schools, etc. and, for consideration of this application. I hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release the Cambridge Family YMCA from all liability with respect to such inquiries.

I understand that no verbal promises or guarantees relating to employment are binding upon the Cambridge Family YMCA and that, if employed, I will be an employee "at will" and may be terminated at any time. If I am employed, I agree to abide by the Cambridge Family YMCA's rules and regulations and any changes thereto.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.*

***EQUAL OPPORTUNITY EMPLOYER***